

0977

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

**STATEMENT OF ECONOMIC INTERESTS**
**RECEIVED**

 Date Received  
 Official Use Only

JUN 8 2010

**COVER PAGE**
*A Public Document*

BY: \_\_\_\_\_

Please type or print in ink.

2010 JUN -9 PM 4:17

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Mendoza	Antonio			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

56th Assembly District

Your Position:

Member of the Assembly

 ► If filing for multiple positions, list additional agency(ies)/  
 position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**
☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**
☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009,  
 through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
 December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)

☐ The period covered is January 1, 2009, through the  
 date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
 the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

 ► Total number of pages  
 including this cover page: \_\_\_\_\_

 ► Check applicable schedules or "No reportable  
 interests."

 I have disclosed interests on one or more of the  
 attached schedules:

 Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

 Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

 Schedule B ☒ Yes – schedule attached  
*Real Property*

 Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
 and Travel Payments)*

 Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

 Schedule E ☒ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

 I have used all reasonable diligence in preparing this  
 statement. I have reviewed this statement and to the best  
 of my knowledge the information contained herein and in any  
 attached schedules is true and complete.

 I certify under penalty of perjury under the laws of the State  
 of California that the foregoing is true and correct.

Date Signed

 June 8<sup>th</sup>, 2010

(ear)

Signature

with your filing official.)

11B

09AT

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Tony Mendoza

**SCHEDULE D**  
**Income - Gifts**

► NAME OF SOURCE  
Specialty Equipment Market Association  
ADDRESS (Business Address Acceptable)  
1121 L Street, Ste 610, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Represents the Specialty Automotive Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 09	\$ 129.50	Hotel in Las Vegas for
___ / ___ / ___	\$ _____	Car Show
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

**About SEMA**

SEMA, the Specialty Equipment Market Association founded in 1963, represents the \$31.85 billion specialty automotive industry of 7,144 member-companies. It is the authoritative source for research, data, trends and market growth information for the specialty auto parts industry. The industry provides appearance, performance, comfort, convenience and technology products for passenger and recreational vehicles.

09AT

# **SCHEDULE D** **Income – Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

## **AMENDMENT**

► NAME OF SOURCE

Speciality Equipment Market Association

ADDRESS (Business Address Acceptable)

1121 L Street, Ste 610, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents the Specialty Automotive Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 09	\$ 129.50	Hotel in Las Vegas for
___ / ___ / ___	\$ _____	Car Show
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

### Verification

Print Name Tony Mendoza

Office, Agency or Court Assemblymember, District 56

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed June 8, 2010  
(month, day, year)

Signature

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

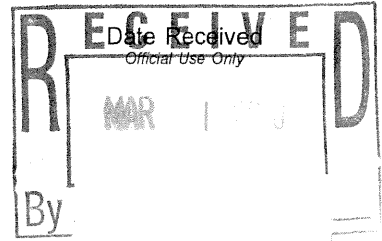
Comments: Sema represents 1,144 member companies. Automotive source for research data, etc.

2009 Annual

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**



Please type or print in ink.

10 MAR -1 PM 4:13

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE-NUMBER
Mendoza	Antonio		( 916 ) 319-2056
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
State Capitol, Room 2188		Sacramento	CA 95814

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

56th Assembly District

Your Position:

Member of the Assembly

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**4. Schedule Summary**

➔ Total number of pages including this cover page: \_\_\_\_\_

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☒ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Travel Payments*

**-or-**

☐ No reportable interests on any schedule

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/1/10  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Tony Mendoza

➤ STREET ADDRESS OR PRECISE LOCATION

11857 Arkansas Ave

CITY

Artesia, CA 90701

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

      /      /07       /      /07

ACQUIRED

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Freddy Scott

➤ STREET ADDRESS OR PRECISE LOCATION

370 Soaring Hawk Lane

CITY

Sacramento, CA 95833

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

      /      /07       /      /07

ACQUIRED

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

      %

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

      %

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE D**  
**Income – Gifts**

Name

Tony Mendoza

➤ NAME OF SOURCE

California Forestry Association

ADDRESS

1215 K Street, #1850, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Timber Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>03 / 25 / 09</u>	<u>\$ 117.77</u>	<u>Dinner</u>
---------------------	------------------	---------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

➤ NAME OF SOURCE

California Grocer's Association

ADDRESS

1415 L Street, #410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>03 / 31 / 09</u>	<u>\$ 56.81</u>	<u>Reception</u>
---------------------	-----------------	------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

➤ NAME OF SOURCE

Association of LA Deputy Sheriffs

ADDRESS

2 Cupania Cr., Monterey Park, CA 91755

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Peace Officers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>05 / 30 / 09</u>	<u>\$ 150.00</u>	<u>Dinner</u>
---------------------	------------------	---------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

➤ NAME OF SOURCE

Cal Chamber

ADDRESS

1215 K Street, #1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>06 / 01 / 09</u>	<u>\$ 136.75</u>	<u>Dinner</u>
---------------------	------------------	---------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

➤ NAME OF SOURCE

Anheuser Busch

ADDRESS

1201 K Street, Ste 730, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>06 / 28 / 09</u>	<u>\$ 370</u>	<u>Sea World Tickets</u>
---------------------	---------------	--------------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

➤ NAME OF SOURCE

Ron Beilke

ADDRESS

6615 Passons Blvd., Pico Rivera, CA 90660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>11 / 08 / 09</u>	<u>\$ 168.50</u>	<u>Concert Ticket</u>
---------------------	------------------	-----------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

<u>    /    /    </u>	<u>\$</u>	<u>                    </u>
-----------------------	-----------	-----------------------------

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

Name

Tony Mendoza

NAME OF SOURCE

Assemblymember Anthony Portantino

ADDRESS

State Capitol, Room 2033, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 09	\$ 145.00	Rosebowl Ticket
/ /	\$	
/ /	\$	

NAME OF SOURCE

Bass for Assembly

ADDRESS

777 S. Figueroa St, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Democratic Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 72.51	Jacket
/ /	\$	
/ /	\$	

NAME OF SOURCE

Democratic Party of California

ADDRESS

1401 - 21st Street, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Democratic Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

CA Tribal Alliance

ADDRESS

1530 J Street, #250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 09	\$ 88.77	Reception
/ /	\$	
/ /	\$	

NAME OF SOURCE

Chevron

ADDRESS

6001 Bollinger Cyn Rd., San Ramon, CA 94583

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Oil & Gas

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 09	\$ 56.40	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

CA Correctional Peace Officers

ADDRESS

1415 L Street, #410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Peace Officers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 09	\$ 164.94	Basketball Ticket
11 / 17 / 09	\$ 85.03	Dinner
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D

## Income – Gifts

Name

Tony Mendoza

➤ NAME OF SOURCE

Pacific Gas & Electric

ADDRESS

1415 L Street, #280, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 09	\$ 109.94	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

Cedar Fair Entertainment Company

ADDRESS

One Cedar Point Dr., Sandusky, OH 44870

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment/Amusement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 09	\$ 200.00	Knotts Berry/2 Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

Pacific Life Insurance Company

ADDRESS

700 Newport Center Dr., Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 09	\$ 150.00	Dinner/Truman Awards
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

National Council of La Raza

ADDRESS

523 W. 6th Street, #840, Los Angeles, CA 90014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 09	\$ 250.00	Ticket/Alma Awards
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

Speciality Equipment Market Association

ADDRESS

1121 L Street, Ste 610

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
00 / 04 / 09	\$ 129.50	Hotel in Las Vegas
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Tony Mendoza

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

➤ NAME OF SOURCE  
CA Independent Voter Project  
ADDRESS  
2350 Kerner Blvd, #250  
CITY AND STATE  
San Rafael, CA 94901  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Social Welfare  
DATE(S): 11/16/09 - 11/19/09 AMT: \$ 659.71  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
DESCRIPTION: Airfare to Hawaii

➤ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

➤ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

➤ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_